

2011 Alaska **Multiple-beneficiary Permit** Application

859Apply online at www.tax.alaska.gov/gaming

MBP Information

Federal EIN	If renewing, enter MBP permit #	Phone number	Fax number
MBP name		Email	
Mailing address	City	State AK	Zip + 4

Members in Charge of Games

Members in charge must be natural persons and active members of the organization or employees of the municipality and designated by the organization. Members in charge may not be licensed as an operator, be a registered pull-tab vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary member first name	MI	Primary member last name	Alternate member first name	MI	Alternate member last name
Social Security number	Email		Social Security number	Email	
Daytime phone number	Mobile number		Daytime phone number	Mobile number	
Home mailing address			Home mailing address		
City	State AK	Zip + 4	City	State AK	Zip + 4
Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Permit # under which test was taken			Permit # under which test was taken		

MBP Member Applicants

All member applicants must (1) have a permit or (2) have applied for a permit for this permit year.

Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

<i>We declare, under penalty of unsworn falsification that we have examined this application, including any attachments, and that to the best of our knowledge and belief it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we the the primary member, the alternate member, and if the applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.</i>		
Primary Member Signature	Printed Name	Date
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

Permit Fee \$100

One copy of the application must be sent to all applicable municipalities and boroughs. See instructions for mandatory attachments. Pay online with OTIS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Mail to **Alaska Department of Revenue - Tax Division** • PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098 • www.tax.alaska.gov/gaming

Retain a copy for your records

Department only
Validation #
Date stamp

859

MBP name	MBP permit #	2011 AK MULTIPLE-BENEFICIARY PERMIT APPLICATION
----------	--------------	--

859

Supervisory Employees

First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? ☐ No ☐ Yes If Yes, see instructions.

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Vendor Information

Vendors may sell pull-tabs only. Attach vendor registration form(s) and fee(s) for each vendor listed below.

Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4

Manager of Games

As defined in 15 AAC 160.995 and 15 AAC 160.365.

Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address		City	State	Zip + 4
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken		

859

Retain a copy for your records

Form 0405-859 Rev 10/10 for 2011 • page 2